#### Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Open to Public

| <u> </u>                | For th      | e 2019 calendar y   | ear, or tax year begini           | ning   | 09-01          | , 2019, a        | ınd endi       | ng              | 1:         | 2-31 , <b>20</b> 19              |  |  |
|-------------------------|-------------|---|-----------------------------------|--|----------------|------------------|----------------|-----------------|------------|----------------------------------|--|--|
| В                       | Check if    | applicable:   | C Name of organization4(          | Gold Service and Rescu                           | е              |                  |                |                 | D Empl     | loyer identification number      |  |  |
|                         | Address     | ess change Doing business as  |                                   |  |                |                  |                |                 |            | 84-2246695                       |  |  |
| Ħ                       | Name ch     | _   |                                   | O. box if mail is not delivered to street addres | ss)            |                  | Room/sui       | te              | F Telen    | phone number                     |  |  |
| X                       | Initial ret | -   | 1544 N Highway                    |  | ,              |                  |                | В               |            | (385) 212-4357                   |  |  |
| Ħ                       |             | I return/terminated  City or town, state or province, country, and ZIP or foreign postal code |                                   |  |                |                  |                |                 |            | G Gross receipts                 |  |  |
| H                       |             |   |                                   |  |                |                  |                |                 |            |                                  |  |  |
| H                       | Amende      |   | Brigham City,                     |  |                |                  |                | 11/->           | \$         | 4,075 for subordinates? Yes X No |  |  |
| ш                       | Applicati   | ion pending   | F Name and address of pri         | Incipal oπicer:                                  |                |                  |                | ' '             |            |                                  |  |  |
|                         |             |   |                                   |  |                |                  |                | 1               |            |                                  |  |  |
| <u> </u>                |             | mpt status: X 501   |                                   | ) <b>(</b> insert no.) 4947(a)(1) or             | <u> </u>       |                  |                |                 |            | st. (see instructions)           |  |  |
| J                       | Website     |   | goldserviceand                    |  |                |                  |                | H(c) Group      | exemptio   |                                  |  |  |
| K                       |             | _   | rporation Trust Ass               | sociation Other                                  | LY             | ear of formation | on: <b>201</b> | .9 M S          | tate of le | gal domicile: UT                 |  |  |
| Pa                      | art I       | Summary   |                                   |  |                |                  |                |                 |            |                                  |  |  |
|                         | 1           | Briefly describe t  | the organization's missi          | on or most significant activities:               | 4Gold          | Servic           | e and          | Rescue          | seek       | s to provide                     |  |  |
| ė                       |             | assistance, enable independence, and bring peace of mind and companionship to members of our  |                                   |  |                |                  |                |                 |            |                                  |  |  |
| Activities & Governance |             | community who have physical disabilities or health issues in which a service dog would be a   |                                   |  |                |                  |                |                 |            |                                  |  |  |
| ern                     |             | beneficial  | _                                 |  |                |                  |                |                 |            |                                  |  |  |
| <u></u>                 | 2           | Check this box  | if the organization               | n discontinued its operations or disp            | oosed of m     | ore than 25      | 5% of its      | net assets.     | 1          | 1                                |  |  |
| ص<br>ص                  | 3           | Number of voting  | g members of the gover            | rning body (Part VI, line 1a) -                  |                |                  |                |                 | 3          | 4                                |  |  |
| Se                      | 4           | Number of indep   | endent voting members             | s of the governing body (Part VI, lin            | ie 1b)         |                  |                |                 | 4          | 3                                |  |  |
| ij                      | 5           | Total number of i   | individuals employed in           | calendar year 2019 (Part V, line 2a              | a) .           |                  |                |                 | 5          | 0                                |  |  |
| Ċţ                      | 6           | Total number of   | volunteers (estimate if r         | necessary)                                       |                |                  |                |                 | 6          | 10                               |  |  |
| ⋖                       | 7a          | Total unrelated b   | ousiness revenue from F           | Part VIII, column (C), line 12                   |                |                  |                |                 | 7a         | 0                                |  |  |
|                         | b           | Net unrelated bu  | siness taxable income             | from Form 990-T, line 39                         |                |                  |                |                 | 7b         | 0                                |  |  |
|                         |             |   |                                   |  |                |                  |                | Prior Year      | •          | Current Year                     |  |  |
|                         | 8           | Contributions an  | d grants (Part VIII, line         | 1h)  |                |                  |                |                 |            | 4,075                            |  |  |
| en                      | 9           | Program service   | revenue (Part VIII, line          | 2g)  |                |                  |                |                 |            | 0                                |  |  |
| /en                     | 10          | Investment incor  | me (Part VIII, column (A          | A), lines 3, 4, and 7d)                          |                |                  |                |                 |            | 0                                |  |  |
| Revenue                 | 11          |   |                                   |  |                |                  |                |                 |            | 0                                |  |  |
|                         | 12          | ,   |                                   | must equal Part VIII, column (A), lir            | ne 12)         |                  |                |                 |            | 4,075                            |  |  |
|                         | 13          |   |                                   |  |                |                  |                |                 |            | 0                                |  |  |
|                         | 14          |   | . ,                               |  |                |                  |                |                 |            | 0                                |  |  |
|                         | 15          |   |                                   |  |                |                  |                |                 |            | 0                                |  |  |
| ses                     | 16a         |   | draising fees (Part IX, c         |  |                |                  |                |                 |            | 0                                |  |  |
| Expenses                | ŀ           |   | expenses (Part IX, colu           | , , , ,  |                | 0                |                |                 |            |                                  |  |  |
| .X                      | 17          | _   | (Part IX, column (A), lir         |  |                |                  |                |                 |            | 848                              |  |  |
| _                       | 18          | •   |                                   | equal Part IX, column (A), line 25)              |                |                  |                |                 |            | 848                              |  |  |
|                         | 19          |   | ,                                 | 18 from line 12                                  |                |                  | . —            |                 |            | 3,227                            |  |  |
| _                       |             | 1 (0 ) 0 1 1 0 0 0 0 0 0  | poriodo: Gabardot inio            | 10 110111 11110 12                               |                |                  |                | nning of Curre  | nt Voor    | End of Year                      |  |  |
| ts o                    | <u>E</u> 20 | Total assets (Pa  | rt X line 16)                     |  |                |                  | . Degi         | ining or ouric  | nt roui    | 4,732                            |  |  |
| SSe                     | E 21        | Total liabilities (P  |                                   |  |                |                  | ] —            |                 |            |                                  |  |  |
| Net Assets or           | 22          |   | nd balances. Subtract I           | ine 21 from line 20                              |                |                  | ·              |                 |            | 1,505<br>3,227                   |  |  |
|                         | art II      | Signature   |                                   | ille 21 iloin ille 20                            |                |                  | -              |                 |            | 3,221                            |  |  |
|                         |             |   |                                   | rn, including accompanying schedules and st      | tatements, and | d to the best o  | f my knowl     | edge and belief | f, it is   |                                  |  |  |
|                         |             |   |                                   | icer) is based on all information of which prep  |                |                  |                |                 | ,          |                                  |  |  |
|                         |             | Emmala  | o Drvl o                          | Carlo-Puller                                     |                |                  |                |                 |            | 05/13/2020                       |  |  |
| Sig                     | ηn          | EmmaLes<br>Signature of   |                                   | THE TABLE  |                |                  |                |                 | Da         |                                  |  |  |
| He                      |             |   |                                   | 11   |                |                  |                |                 |            |                                  |  |  |
| . 16                    |             |   | e Pyle, Board C<br>name and title | nair   |                |                  |                |                 |            |                                  |  |  |
|                         |             | Print/Type prepare  |                                   | Preparer's signature                             | n              | ate              |                |                 | П.,        | PTIN                             |  |  |
| Pa                      | id          |   |                                   |  |                |                  | 00             | Check           | ∟ if       |                                  |  |  |
|                         | iu<br>epare | Tamara Fo   |                                   | Tamara Forsyth                                   | p.             | 5-13-20          |                | self-emp        | oloyed     | P00760955                        |  |  |
|                         | e Onl       | 1   | NUDAY, 1                          |  |                |                  |                | irm's EIN       |            |                                  |  |  |
| US                      | e Oili      | <b>Y</b> Firm's address ▶   |                                   | crison Blvd Ste 201                              |                |                  | P              | hone no.        | 00-        | 000 000:                         |  |  |
|                         | . 0 15      | 0 45 11 1   | Ogden U                           |  |                |                  |                |                 | 801-       | ·808-9304                        |  |  |
| ivia                    | , tne iR    | o discuss this retu   | iii with the preparer sho         | own above? (see instructions)                    |                |                  |                |                 |            | · · · · · Yes X No               |  |  |

 4e
 Total program service expenses
 ≥
 240

 EEA
 Form 990 (2019)

) (Revenue \$

including grants of \$

4d

(Expenses \$

Other program services (Describe on Schedule O.)

9) 4Gold Service and Rescue Checklist of Required Schedules Part IV

|          |   |     | Yes | No |
|----------|---|-----|-----|----|
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1   | х   |    |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                 | 2   | ^   | х  |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to                  | _   |     |    |
|          | candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |     | x  |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)                     |     |     |    |
|          | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   |     | x  |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,                      |     |     |    |
|          | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                    | 5   |     |    |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors                           |     |     |    |
|          | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If                       |     |     |    |
|          | "Yes," complete Schedule D, Part I  | 6   |     | х  |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,                         |     |     |    |
|          | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                              | 7   |     | х  |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"               |     |     |    |
|          | complete Schedule D, Part III   | 8   |     | х  |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a                   |     |     |    |
|          | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or                      |     |     |    |
|          | debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9   |     | х  |
| 10       | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                      |     |     |    |
|          | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10  |     | х  |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,                      |     |     |    |
|          | VII, VIII, IX, or X as applicable.  |     |     |    |
| а        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"                            |     |     |    |
|          | complete Schedule D, Part VI  | 11a |     | Х  |
| b        | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more                   |     |     |    |
|          | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |     | Х  |
| C        | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more                    |     |     |    |
|          | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | Х  |
| C        | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets                 |     |     |    |
|          | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d | Х   |    |
| e        |   | 11e |     | Х  |
| f        | J ,   | 445 |     |    |
| 12-      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X            | 11f |     | Х  |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete               | 420 |     | l  |
| <b>h</b> | Schedule D, Parts XI and XII  | 12a |     | Х  |
| D        | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                | 12b |     | ., |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                 | 13  |     | X  |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?                                       | 14a |     |    |
| b        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                                  | 174 |     | Х  |
|          | fundraising, business, investment, and program service activities outside the United States, or aggregate                         |     |     |    |
|          | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                                    | 14b |     | х  |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or                 |     |     |    |
|          | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | x  |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other                        |     |     |    |
|          | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |     | х  |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on                    |     |     |    |
|          | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                    | 17  |     | х  |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                       |     |     |    |
|          | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | х  |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?                      |     |     |    |
|          | If "Yes," complete Schedule G, Part III   | 19  |     | х  |
| 20 a     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                       | 20a |     | х  |
| b        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                      | 20b |     |    |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                       |     |     |    |
| _        | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                 | 21  |     | х  |

9) 4Gold Service and Rescue Checklist of Required Schedules (continued) Part IV

|          |  |     | Yes | No       |
|----------|--|-----|-----|----------|
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |     |     |          |
|          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | х        |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  |     |     |          |
|          | organization's current and former officers, directors, trustees, key employees, and highest compensated  |     |     |          |
|          | employees? If "Yes," complete Schedule J   | 23  |     | х        |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  |     |     |          |
|          | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  |     |     |          |
|          | through 24d and complete Schedule K. If "No," go to line 25a   | 24a |     | Х        |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |          |
| С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  |     |     |          |
|          | to defease any tax-exempt bonds? • • • • • • • • • • • • • • • • • • •   | 24c |     |          |
| d        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |          |
| 25a      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |     |     |          |
|          | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |     | X        |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   |     |     |          |
|          | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   |     |     |          |
|          | If "Yes," complete Schedule L, Part I  | 25b |     | X        |
| 26       | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |     |     |          |
|          | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  | 00  |     |          |
| 27       | controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II   | 26  |     | <u> </u> |
| 21       | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee   |     |     |          |
|          | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these   |     |     |          |
|          | persons? If "Yes," complete Schedule L, Part III   | 27  |     | x        |
| 28       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part   |     |     |          |
|          | IV instructions, for applicable filing thresholds, conditions, and exceptions):  |     |     |          |
| а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>  |     |     |          |
|          | "Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·  | 28a |     | х        |
| b        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |     | х        |
| С        | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  |     |     |          |
|          | "Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·  | 28c | х   |          |
| 29       | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |     | х        |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |     |     |          |
|          | conservation contributions? If "Yes," complete Schedule M  | 30  |     | Х        |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | X        |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  |     |     |          |
|          | complete Schedule N, Part II   | 32  |     | X        |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |     |     |          |
|          | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | <u> </u> |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · · | 34  |     |          |
| 350      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | X        |
| 35a<br>b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  | JJa |     | X        |
| b        | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b |     |          |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable   | 300 |     |          |
|          | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |     | х        |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |     |     |          |
|          | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |     | х        |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and   |     |     |          |
|          | 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.  | 38  | х   |          |
| Par      |  |     |     |          |
|          | Check if Schedule O contains a response or note to any line in this Part V   |     |     | Ш        |
|          |  |     | Yes | No       |
| 1a       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |     |          |
| b        | Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable   |     |     |          |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and   |     |     |          |
|          | reportable gaming (gambling) winnings to prize winners?  | 1c  | Х   | L        |

#### 19) 4Gold Service and Rescue Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

|            |  |     | Yes | No |
|------------|--|-----|-----|----|
| 2a         | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |     |     |    |
|            | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0   |     |     |    |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •   | 2b  | Х   |    |
|            | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)   |     |     |    |
| 3a         | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |     | Х  |
| b          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b  |     |    |
| 4a         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,  |     |     |    |
|            | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a  |     | Х  |
| b          | If "Yes," enter the name of the foreign country  |     |     |    |
|            | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |     |    |
| 5a         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | Х  |
| b          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | Х  |
| С          | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |    |
| 6a         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |     |     |    |
|            | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a  |     | Х  |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |     |     |    |
|            | gifts were not tax deductible?   | 6b  |     |    |
| 7          | Organizations that may receive deductible contributions under section 170(c).  |     |     |    |
| а          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  |     |     |    |
|            | and services provided to the payor?  | 7a  |     | Х  |
| b          | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |     |    |
| С          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |     |     |    |
|            | required to file Form 8282? · · · · · · · · · · · · · · · · · · ·  | 7с  |     | Х  |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·  |     |     |    |
| е          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     | Х  |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |     | Х  |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |     | Х  |
| h          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •   | 7h  |     | Х  |
| 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |     |     |    |
| _          | sponsoring organization have excess business holdings at any time during the year?   | 8   |     | Х  |
| 9          | Sponsoring organizations maintaining donor advised funds.  | _   |     |    |
| а          | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     | Х  |
| b          | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     | Х  |
| 10         | Section 501(c)(7) organizations. Enter:  |     |     |    |
| а          | Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·   | -   |     |    |
| b          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | -   |     |    |
| 11         | Section 501(c)(12) organizations. Enter:   |     |     |    |
| а          | Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·  |     |     |    |
| b          | Gross income from other sources (Do not net amounts due or paid to other sources   |     |     |    |
| 40-        | against amounts due or received from them.)  | 40- |     |    |
| 12a        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes." enter the amount of tax-exempt interest received or accrued during the year  | 12a |     |    |
| b<br>12    |  |     |     |    |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 42- |     |    |
| а          | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |    |
| h          | Note: See the instructions for additional information the organization must report on Schedule O.  |     |     |    |
| b          | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     |     |    |
| _          | the organization is licensed to issue qualified health plans   |     |     |    |
| C<br>1/1-a |  | 14a |     | 77 |
| 14a<br>h   | 3  | 14a |     | X  |
| b<br>15    | The first the fi | 140 |     |    |
| 15         | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | 15  |     | 37 |
|            | If "Yes," see instructions and file Form 4720, Schedule N.   | 13  |     | Х  |
| 16         | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? • • • • • • • • • • • • • • • • • • •  | 16  |     | v  |
|            | If "Yes," complete Form 4720, Schedule O.  | 10  |     | Х  |
|            | ii 100, Complete i Oilli 7/20, Comedule C.   |     |     |    |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

| Sec      | tion A. Governing Body and Management  |     |     |          |
|----------|--|-----|-----|----------|
|          |  |     | Yes | No       |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · · · 1a 4   |     |     |          |
|          | If there are material differences in voting rights among members of the governing body, or   |     |     |          |
|          | if the governing body delegated broad authority to an executive committee or similar   |     |     |          |
|          | committee, explain on Schedule O.  |     |     |          |
| b        | Enter the number of voting members included in line 1a, above, who are independent · · · · · · · · · · 1b 3  |     |     |          |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   |     |     |          |
|          | any other officer, director, trustee, or key employee?   | 2   | х   |          |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct  |     |     |          |
|          | supervision of officers, directors, or trustees, or key employees to a management company or other person?   | 3   |     | X        |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4   |     | X        |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5   |     | X        |
| 6        | Did the organization have members or stockholders?   | 6   |     | Х        |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint  |     |     |          |
|          | one or more members of the governing body?   | 7a  |     | Х        |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |     |     |          |
|          | stockholders, or persons other than the governing body?  | 7b  |     | Х        |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during   |     |     |          |
|          | the year by the following:   |     |     |          |
| а        | The governing body?  | 8a  | Х   |          |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b  | Х   |          |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at   |     |     |          |
| 800      | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9   |     | <u> </u> |
| 060      | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |     | Vaa | Na       |
| 10a      | Did the organization have local chapters, branches, or affiliates?   | 10a | Yes | No<br>X  |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,   | 100 |     |          |
| -        | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b |     |          |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a | х   |          |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |     |          |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a | х   |          |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | х   |          |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  |     |     |          |
|          | describe in Schedule O how this was done   | 12c | x   |          |
| 13       | Did the organization have a written whistleblower policy?  | 13  | х   |          |
| 14       | Did the organization have a written document retention and destruction policy?   | 14  |     | х        |
| 15       | Did the process for determining compensation of the following persons include a review and approval by   |     |     |          |
|          | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |     |     |          |
| а        | The organization's CEO, Executive Director, or top management official   | 15a |     | х        |
| b        | Other officers or key employees of the organization  | 15b |     | х        |
|          | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |     |          |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement   |     |     |          |
|          | with a taxable entity during the year?   | 16a |     | X        |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its   |     |     |          |
|          | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  |     |     |          |
| 0        | organization's exempt status with respect to such arrangements?  | 16b |     |          |
|          | tion C. Disclosure   |     |     |          |
| 17<br>10 | List the states with which a copy of this Form 990 is required to be filed  Utah  Section 6104 requires an aggregation to make its Forms 1033 (1004 or 1034 A if applicable), 000, and 000 T (Section 504(a))  |     |     |          |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)  |     |     |          |
|          | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.   |     |     |          |
| 10       | Own website X Another's website X Upon request Upon reque |     |     |          |
| 19       | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,  |     |     |          |
| 20       | and financial statements available to the public during the tax year.  |     |     |          |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and records   |     |     |          |
|          | Tamara Forsyth (801)808-9304, 4544 N Highway 38, Brigham City, UT 84302  |     |     |          |

| Form | 990 | (201 | 191 |
|------|-----|------|-----|
|      |     |      |     |

EEA

Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

|                    |                        | (C)                            |                       |         |              |                              |        |                 |                 |   |  |
|--------------------|------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------|-----------------|---|--|
| (A)                | (B)                    | Position                       |                       |         |              | (D)                          | (E)    | (F)             |                 |   |  |
| Name and title     | Average                | ,                              |                       |         |              | nan one                      |        | Reportable      | Reportable      | Estimated amount                          |  |
| Name and the       | hours                  |                                |                       | •       |              | both ar<br>/trustee)         |        | compensation    | compensation    | of other                                  |  |
|                    | per week               | Onio                           | or arre               | a a an  | COLO         | a doloo)                     | ′ l    | from the        | from related    | compensation                              |  |
|                    | (list any              | 0 -                            | _                     | _       | _            | Ф.Т                          |        | organization    | organizations   | from the                                  |  |
|                    | hours for              | ndiv<br>or di                  | nstit                 | Officer | (ey          | ampl<br>High                 | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and<br>related organizations |  |
|                    | related                | Individual trustee or director | utior                 | er      | Key employee | est c                        | ө      |                 |                 | Totalog organizations                     |  |
|                    | organizations<br>below | rtrus                          | a tr                  |         | loye         | ömp                          |        |                 |                 |   |  |
|                    | dotted line)           | stee                           | Institutional trustee |         | o            | bens                         |        |                 |                 |   |  |
|                    | dotted line)           |                                | Ф                     |         |              | Highest compensated employee |        |                 |                 |   |  |
|                    |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
|                    |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
| (1) EmmaLee Pyle   | 0.50                   |                                |                       |         |              |                              |        |                 |                 |   |  |
| Board Chair        |                        | х                              |                       |         |              |                              |        | 0               | 0               | 0   |  |
| (2) Dakota Taylor  | 0.50                   |                                |                       |         |              |                              |        |                 |                 |   |  |
| Vice Chair         |                        | х                              |                       |         |              |                              |        | 0               | 0               | 0   |  |
| (3) Tamara Forsyth | 3.00                   |                                |                       |         |              |                              |        |                 |                 |   |  |
| Treasurer          |                        | х                              |                       |         |              |                              |        | 0               | 0               | 0   |  |
| (4) Amber Liddiard | 0.50                   |                                |                       |         |              |                              |        |                 |                 |   |  |
| Secretary          |                        | х                              |                       |         |              |                              |        | 0               | 0               | 0   |  |
| <u>(5)</u>         |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
|                    |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
| <u>(6)</u>         | L                      |                                |                       |         |              |                              |        |                 |                 |   |  |
|                    |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
| (7)                |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
|                    |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
| <u>(8)</u>         |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
|                    |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
| <u>(9)</u>         |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
|                    |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
| <u>(10)</u>        |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
|                    |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
| (11)               |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
|                    |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
| (12)               |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
|                    |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
| (13)               |                        |                                |                       |         |              |                              |        |                 |                 | _   |  |
|                    |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
| (14)               |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
|                    |                        |                                |                       |         |              |                              |        |                 |                 |   |  |
|                    |                        |                                |                       |         |              |                              |        |                 |                 |   |  |

|   | 90 (2019) 4Gold Service and  |   |          |        |                        |        |  |       |  |   | 246695   | P   | age 8      |
|---|--|---|----------|--------|------------------------|--------|--|-------|--|---|----------|---|------------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |  |   |          |        |                        |        |  |       |  |   |          |   |            |
|   | (A)<br>Name and title  | (B) Average hours per week (list any hours for related organizations below dotted line) | box,     | unles  | Po:<br>eck m<br>ss per | son is | han one s both ar Highest compensated employee |       | (D)  Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC | ) org    | (F) mated am of other ompensat from the anization d organiz | ion<br>and |
| (15)  |  |   |          |        |                        |        |  |       |  |   |          |   |            |
| <u>(16)</u>   |  |   |          |        |                        |        |  |       |  |   |          |   |            |
| <u>(17)</u>   |  |   |          |        |                        |        |  |       |  |   |          |   |            |
| (18)  |  |   |          |        |                        |        |  |       |  |   |          |   |            |
| <u>(19)</u>   |  |   |          |        |                        |        |  |       |  |   |          |   |            |
| (20)  |  |   |          |        |                        |        |  |       |  |   |          |   |            |
| (21)  |  |   |          |        |                        |        |  |       |  |   |          |   |            |
| (22)  |  |   |          |        |                        |        |  |       |  |   |          |   |            |
| (23)  |  |   |          |        |                        |        |  |       |  |   |          |   |            |
| (24)  |  |   |          |        |                        |        |  |       |  |   |          |   |            |
| (25)  |  |   |          |        |                        |        |  |       |  |   |          |   |            |
| 1b  | Subtotal   |   |          | ٠.     | ٠.                     |        |  | ٠ •   |  |   |          |   |            |
| c<br>d  | Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)   |   |          |        |                        |        |  | · •   | 0  |   | 0        |   | 0          |
|   | Total number of individuals (including but not limite  |   |          |        |                        |        |  |       |  |   | 0        |   |            |
|   | reportable compensation from the organization  | <b>&gt;</b>   |          |        |                        |        |  |       |  |   |          |   | 0          |
| _   |  |   |          |        |                        |        |  |       |  |   |          | Yes   | No         |
| 3   | Did the organization list any <b>former</b> officer, director employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i> 3 |   |          | /ee,   |                        |        |  |       | sated  |   | 3        |   | 37         |
| 4   | For any individual listed on line 1a, is the sum of re   |   |          | tion : |                        |        |  |       |  |   | <u> </u> |   | X          |
|   | organization and related organizations greater than  |   |          |        |                        |        |  |       |  |   |          |   |            |
|   | individual   |   |          |        |                        |        |  |       |  |   | 4        |   | х          |
| 5   | Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If</i> "Yes,"                 | -   |          | -      |                        |        | _  |       |  |   | _        |   |            |
| Secti   | on B. Independent Contractors  | complete scr  | iedule . | ) IOI  | Suci                   | i pei  | SOH  |       |  | <u> </u>  | 5        |   | X          |
| 1   | Complete this table for your five highest compensa   | ated independ   | dent co  | ntrac  | ctors                  | that   | receiv   | /ed r | more than \$100,00   | 0 of  |          |   |            |
|   | compensation from the organization. Report comp  |   |          |        |                        |        |  |       |  |   | r.       |   |            |
|   | (A)  |   |          |        |                        |        |  |       | (B)  |   | (C)      |   |            |
|   | Name and business addres   | ss  |          |        |                        |        |  |       | Description of service   | ces   | Compen   | sation  |            |
|   |  |   |          |        |                        |        |  |       |  |   |          |   |            |
|   |  |   |          |        |                        |        |  |       |  |   |          |   |            |
|   |  |   |          |        |                        |        |  |       |  |   |          |   |            |
|   | <del>-</del>   |   |          |        |                        |        |  |       |  |   |          |   |            |
| 2   | Total number of independent contractors (including received more than \$100,000 of compensation fro                            | -   |          |        | liste<br>▶             | d ab   | ove) v   | /ho   |  |   |          |   |            |

Part VIII

|   |        | Check if Schedule O contains a response or no                | ote to any line in this               | Part VIII • •        |  |                                |  |
|---|--------|--|---------------------------------------|----------------------|--|--------------------------------|--|
|   |        |  |                                       | (A)<br>Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
|   | 1a     | Federated campaigns 1a                                       |                                       |                      |  |                                |  |
|   | b      | Membership dues · · · · · · · · · · · · · 1b                 |                                       |                      |  |                                |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |        | Fundraising events 1c  |                                       |                      |  |                                |  |
| Gra   | C      |  |                                       |                      |  |                                |  |
| ts,<br>Am   | d      | Related organizations 1d                                     |                                       |                      |  |                                |  |
| iar<br>ilar   | е      | Government grants (contributions) 1e                         |                                       |                      |  |                                |  |
| ns,   | f      | All other contributions, gifts, grants,                      |                                       |                      |  |                                |  |
| atio<br>er S  |        | and similar amounts not included above 1f                    | 4,075                                 |                      |  |                                |  |
| rip<br>Oth  | g      | Noncash contributions included in                            |                                       |                      |  |                                |  |
| nd n  |        | lines 1a-1f · · · · · · · · · · 1g                           | \$ 1,200                              |                      |  |                                |  |
| o e   | h      | Total. Add lines 1a-1f                                       |                                       | 4,075                |  |                                |  |
|   |        |  | Business Code                         |                      |  |                                |  |
| ø.  | 2a     |  |                                       |                      |  |                                |  |
| Νİ  | b      |  |                                       |                      |  |                                |  |
| ser<br>iue  | С      |  |                                       |                      |  |                                |  |
| m S   | d      |  |                                       |                      |  |                                |  |
| Jra<br>Re   | e      |  |                                       |                      |  |                                |  |
| Program Service<br>Revenue                                |        | All other program contine revenue                            |                                       |                      |  |                                |  |
| Δ.  |        | All other program service revenue                            |                                       |                      |  |                                |  |
|   |        | Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · · | -                                     |                      |  |                                |  |
|   | 3      | Investment income (including dividends, interest,            | and                                   |                      |  |                                |  |
|   |        | other similar amounts)                                       |                                       |                      |  |                                |  |
|   | 4      | Income from investment of tax-exempt bond proce              |                                       |                      |  |                                |  |
|   | 5      | Royalties  | · · · · · · · · · · · · · · · · · · · |                      |  |                                |  |
|   |        | (i) Real   | (ii) Personal                         |                      |  |                                |  |
|   | 6a     | Gross rents · · · · · · 6a                                   |                                       |                      |  |                                |  |
|   | b      | Less: rental expenses · · 6b                                 |                                       |                      |  |                                |  |
|   | С      | Rental income or (loss) 6c                                   |                                       |                      |  |                                |  |
|   | d      | Net rental income or (loss)                                  |                                       |                      |  |                                |  |
|   | 70     | Gross amount from (i) Securities                             | (ii) Other                            |                      |  |                                |  |
|   | 1 a    | sales of assets  |                                       |                      |  |                                |  |
|   |        | other than inventory Less: cost or other basis               |                                       |                      |  |                                |  |
| e   | b      | and sales expenses 7b  |                                       |                      |  |                                |  |
| Revenue   | ٦      | Gain or (loss) · · · · · 7c                                  |                                       |                      |  |                                |  |
| Sev.  |        | Net gain or (loss)   |                                       |                      |  |                                |  |
| er F  |        |  | · · · · · · · · · · · · · · · · · · · |                      |  |                                |  |
| Othe  | oa     | Gross income from fundraising                                |                                       |                      |  |                                |  |
| 0   |        | events (not including \$                                     |                                       |                      |  |                                |  |
|   |        | of contributions reported on line                            |                                       |                      |  |                                |  |
|   |        | 1c). See Part IV, line 18                                    |                                       |                      |  |                                |  |
|   |        | Less: direct expenses 8b                                     |                                       |                      |  |                                |  |
|   |        |  | <u>,</u>                              |                      |  |                                |  |
|   | 9a     | Gross income from gaming                                     |                                       |                      |  |                                |  |
|   |        | activities, See Part IV, line 19 9a                          | 1                                     |                      |  |                                |  |
|   | b      | Less: direct expenses 9t                                     |                                       |                      |  |                                |  |
|   | С      | Net income or (loss) from gaming activities • •              |                                       |                      |  |                                |  |
|   | 10a    | Gross sales of inventory, less                               |                                       |                      |  |                                |  |
|   |        | returns and allowances · · · · · · · · 10a                   | a                                     |                      |  |                                |  |
|   | b      | Less: cost of goods sold 101                                 | o                                     |                      |  |                                |  |
|   |        |  |                                       |                      |  |                                |  |
|   | _      |  | Business Code                         |                      |  |                                |  |
| <u>s</u>  | 11a    |  |                                       |                      |  |                                |  |
| Miscellanous<br>Revenue                                   | b      | -  |                                       |                      |  |                                |  |
| lla<br>en   |        |  |                                       |                      |  |                                |  |
| sce<br>3ev  | Q<br>C | All other revenue  |                                       |                      |  |                                |  |
| Ξ   |        |  |                                       |                      |  |                                |  |
|   |        | Total. Add lines 11a-11d                                     |                                       |                      | _                                      | -                              | _  |
|   | 12     | Total revenue. See instructions                              |                                       | 4,075                | 0                                      | 0                              | 0  |

# Form 990 (2019) 4Gold Service and Rescue Part IX | Statement of Functional Expenses

| action 501(c)(2) and 501(c)(4) | organizations must complete all columns   | s. All other organizations must complete column (A)          | ١  |
|--------------------------------|---|--|----|
| CCUON 30 NCN31 AND 30 NCN41    | Uluanizations illust comblete all columns | s. Ali ultiel ulualiizaliulis Itiusl lutibiele luiuliiti (A. | 1. |
|                                |   |  |    |

| 1 Corrats and other assistance to domestic cognizations and domestic governments. See Part N. line 21 2 Cirulis and other assistance to domestic individuals. See Part N. line 21 3 Cirulis and other assistance to foreign organizations. Inveign governments, and foreign individuals. See Part N. line 15 and 16 4 Benefits paid to or for members 5 Compensation of current offices, directors, trustees, and key employees 6 Compensation of current offices, directors, trustees, and key employees 7 Compensation of current offices, directors, trustees, and key employees 8 Compensation of current offices, directors, trustees, and key employees 9 Compensation of current offices, directors, trustees, and key employees 9 Compensation of current offices, directors, trustees, and key employees 9 Compensation of current offices, directors, trustees, and key employees 9 Compensation of current offices, directors, trustees, and key employees 9 Compensation of current offices, directors, trustees, and key employees 9 Compensation plan accurate and contributions (include section 40 (ft) and 436)e imployee combibilities 9 Compensation plan accurate and contributions (include section 40 (ft) and 436)e imployee combibilities 9 Compensation plan accurate and contributions (include section 40 (ft) and 436)e imployee combibilities 9 Compensation plan accurate and contributions (include section 40 (ft) and 436)e imployee combibilities 9 Compensation plan accurate and contributions (include section 40 (ft) and 436)e imployee combibilities 9 Compensation from the compensation of trustees and trus  |    | ot include amounts reported on lines 6b, 7b,  b, and 10b of Part VIII.   | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|----|--|--------------------|------------------------------|-------------------------------------|--------------------------|
| and domestic governments. See Part IV, line 21  Crants and other assistance to domestic individuals. See Part IV, line 22  Grants and other assistance to domestic individuals. See Part IV, line 22  Grants and other assistance to domestic individuals. See Part IV, line 15 and 16  Benefits part for foreign governments, and breign individuals. See Part IV, line 15 and 16  Benefits part of foreign governments. See Part IV, line 17 and 16  Benefits part of the see See Part IV, line 17 and 16  Compensation of current officers, directors, trustees, and see See Part IV, line 17 and 16  Payrol to the see See Part IV, line 17 and 16  Cobbying Seevices See Part IV, line 17 and 16  Cobbying Seevices See Part IV, line 17 and 16  Cobbying Seevices See Part IV, line 17 and 16  Cobbying Seevices See Part IV, line 17 and 16  Cobbying Seevices See Part IV, line 17 and 16  Cobbying Seevices See Part IV, line 17 and 16  Cobbying Seevices See Part IV, line 17 and 16  Cobbying Seevices See Part IV, line 17 and 16  Cobbying Seevices See Part IV, line 17 and 16  Cobbying Seevices See Part IV, line 17 and 16  Cobbying Seevices See Part IV, line 17 and 16  Cobbying Seevices See Part IV, line 17 and 16  Cobbying Seevices See Part IV, line 17 and 16  Cobbying Seevices See See Seevice See Seevice Seev  |    |  |                    | САРСПЭСЭ                     | general expenses                    | САРСПЭСЭ                 |
| 2 Grants and other assistance to domestic incliniduals. See Part IV, line ST 3 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and levy employees  6 Compensation not inclinided above, to disqualified persons (as defined under section 4598(f)t) and persons discretified in section 4598(f)t) and persons (as defined under section 4598(f)t) and persons discretified in section 4598(f)t) and persons discretified in section 4598(f)t) and persons (as defined under section 4598(f)t) and fined the first of the first f | •  | 9  |                    |                              |                                     |                          |
| individuals. See Part IV, line 22  Grants and other assistance to foreign organizations, foreign governments, and organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits pad for year organization of current officers, directors, trustees, and key employees  Experiments of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8)  Other employee benefits  Pension plan accruais and contributions (include section 401(s)) and 405(b) employer contributions)  Other employee benefits  Pension plan accruais and contributions (include section 401(s)) and 405(b) employer contributions)  Other employee benefits  Pension plan accruais and contributions (include section 401(s)) and 405(b) employer contributions)  Other employee benefits  Pension plan accruais and contributions (include section 401(s)) and 405(b) employer contributions)  Other employee benefits  Persion services (nonemployees):  a Managament  b Legal - C  Cacounting  C Acounting  C Lobbying  Professional fundraising services. See Part IV, line 17  Investment management fees  Professional fundraising services. See Part IV, line 17  Investment management fees  Obusing  Other, (init pla geopenses on Schedula C.)  2 Advertising and promotion  2 7 27  27  27  27  27  27  27  27  27  | 2  | - I  |                    |                              |                                     |                          |
| 3 Grants and other assistance to foreign organizations, foreign governments, and bredgin individuals. See Part IV, lims 15 and 18 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f(1)) and persons described in section 4958(f(1)) and 400(t) employee contributions (include section 401(t)) and 400(t) employee benefits 7 Other employee benefits 9 Other employee benefits 10 Fees for services (nonemployees) 11 Fees for services (nonemployees) 12 Amagement 13 Legal 14 Lebyling 15 Payroll taxes 16 Legal 17 Legal 18 Legal 19 Lebyling 19 Check, (if line 11g amount exceeds 10% of line 25, column (A) amount, Its lim 19 spenses on Schedule O.) 19 Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, Its lim 19 spenses on Schedule O.) 19 Check, (if line 11g amount exceeds 10% of line 25, column (A) amount, Its line 19 spenses on Schedule O.) 10 Conferences, conventions, and meetings 11 Information to chronlopy 11 13 143 143 143 149 15 Payments to affiliates 15 Payments of travel or entertainment expenses for any federal, state, or local public officials 16 Concernces, conventions, and meetings 17 Information Legislation, and meetings 18 Lineare (Boston Conventions), and meetings 19 Conferences, conventions, and meetings 10 Lineare (Boston Conventions), and meetings 10 Lineare (Boston Conventions), and meetings 11 Lineare (Boston Conventions), and meetings 12 Legislation (Boston Conventions), and meetings 13 Information repenses (Boston Conventions), and meetings 14 Information repenses (Boston Conventions), and meetings 15 Legislation (Boston Conventions), and meetings 16 Lineare (Boston Conventions), and meetings 17 Lineare (Boston Conventions), and meetings 18 Lineare (Boston Convention  | _  |  |                    |                              |                                     |                          |
| organizations, Foreign governments, and foreign individuals. See Part IV, line s 15 and 16  ### Remission of current officers, directors, trustees, and key employees trustees, and key employees for compensation of current officers, directors, trustees, and key employees defined under section 4988(r)(1) and persons described in section 401(k) and 403(t) employer contributions (include section 401(k) and 403(t) employer contributions)  ### Other amphyse benefits  ### Other employee benefits  ### Other amphyse benefits  ### Description 401(k) and 403(t) employees;  ### Managament  ### Description 401(k) and 403(t) employees;  ### Managament  ### Description 401(k) and 403(t) employees;  ### Managament  ### Description 401(k) and 403(t) employees;  ### Amagament  ### Description 401(k) and 403(t) employees;  ### Description 401(k) and 403(t) employ     | 3  | ·  |                    |                              |                                     |                          |
| Foreign individuals. See Part IV, lines 15 and 16   Benefits paid to or for members   Compensation of current officers, directors, trustees, and key employees   Compensation of current officers, directors, trustees, and key employees   Compensation of current officers, directors, trustees, and key employees   Compensation of current officers, directors, trustees, and key employees contributions (include persons (as defined under section 4956(r)(3)(8)   Persison plan accrusts and contributions (include section 401(k) and 403(t) employer contributions   Persison plan accrusts and contributions (include section 401(k) and 403(t) employer contributions   Popyrol taxes   Persison plan accrusts and contributions   Popyrol taxes    | •  | · ·  |                    |                              |                                     |                          |
| 4. Benefits paid to or for members 5. Compensation of current officers, directors, trustees, and key employees 6. Compensation for included above, to disqualified persons (as defined under section 4958(c)(3)(8) 7. Other salinies and wages 8. Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions 9. Other employee benefits 9. Other semipove benefits 1. Payorol taxes 1. Fees for services (nonemployees): 1. Management 1. Legal 1. Legal 2. Accounting 3. Legal 3. Legal 4. Lobbying 5. Other included above, to disqualified 6. Lobbying 7. Other salinies and wages 8. Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions 9. Other (included above) and the section 405(k) and 403(k) employees 1. Legal 1. Legal 1. Legal 1. Legal 1. Legal 1. Legal 2. Legal 3. Legal 3. Legal 4. Legal 4. Lobbying 9. Other, (fill incl 1g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2. Advertising and promotion 2. 27 2. 27 2. Advertising and promotion 2. 28 2. Legal 2. Legal 2. Legal 2. Legal 2. Legal 2. Legal 3. Legal 3. Legal 4. Legal |    |  |                    |                              |                                     |                          |
| 5 Compensation of current officers, directors, trustees, and key employees    6 Compensation not included above, to disqualified persons (as defined under section 4958(f/11)) and persons described in section 4958(f/11) and persons described in section 4958(f/11) and persons described in section 4958(e)(3)(8)    7 Other salaries and wages    8 Pension plan accusals and contributions (include section 4018) and 403(b) employer contributions    9 Other employee benefits    10 Payroll taxes    11 Fees for services ((nonemployees):    12 Alexanderment    13 Management    14 Logal    15 Accounting    16 Loghying    17 Investment management fees    18 Office (films 1tg amount exceeds 10% of line 25, column (A) amount, islt line 15g expenses on Schedule O.)    19 Addretising and promotion    27 27    27    27    30 Office expenses    14 Information technology    15 Royaltes    16 Occupancy    250    250    250    250    250    250    250    250    250    250    250    250    27    27    37    37    38    39    39    40    40    40    40    40    40    41    41    42    42    43    44    44    45    46    47    48    48    49    40    40    40    41    41    42    43    44    44    45    46    47    48    49    40    40    41    41    42    42    43    44    44    45    46    47    48    49    40    40    41    42    43    44    44    45    46    47    48    49    40    40    41    42    44    45    46    47    48    49    40    40    40    41    42    43    44    44    45    46    47    48    49    40    40    40    41    42    43    44    44    45    46    47    48    49    40    40    40    41    42    43    44    44    45    46    47    48    49    40    40    40    41    42    43    44    44    45    46    47    48    49    40    40    40    41    42    43    44    44    45    46    47    48    49    40    40    40    41    42    43    44    45    46    47    48    49    40    40    40    41    42    4 | 4  |  |                    |                              |                                     |                          |
| trustaes, and key employees  |    | T T T T T T T T T T T T T T T T T T T  |                    |                              |                                     |                          |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(2))(B)   | •  |  |                    |                              |                                     |                          |
| persons (as defined under section 498(c)(1)) and persons described in section 498(c)(3)(B)  7 Other salaries and vages  8 Pension plan accrusals and contributions (include section 40(k) and 40(k)) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (nonemployees):  a Management  b Legal   | 6  |  |                    |                              |                                     |                          |
| persons described in section 4958(c)(3)(B)   | •  | ·  |                    |                              |                                     |                          |
| 7 Other salaries and wages 8 Persion plan accruals and contributions (include section 401(k) and 405(b) employer contributions) 9 Other employee benefits 9 Payroll taxes 9  |    |  |                    |                              |                                     |                          |
| 8 Pension plan accruals and contributions (include section 401(k) and 401(h) employer contributions) 9 Other employee benefits   | 7  | · · · · · · · · · · · · · · · · · · ·  |                    |                              |                                     |                          |
| section 401(k) and 403(b) employer contributions)  0 Other employee benefits  1 Peavolt taxes  1 Pees for services (nonemployees):  a Management  Legal  Legal  4 Lobbying  Professional fundraising services. See Part IV, line 17  Investment management fees  9 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  2 Advertising and promotion  3 Insurance  4 Other expenses termize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column  (A) amount, list line 24e expenses on Schedule O.)  8 Educational Video  70 70  8 Educational Video  70 70  1 Licenses & Permits  3 58  3 58  3 58  3 58  3 58  3 58  3 58  3 58  3 58  3 58  3 58  3 58  5 Total functional expenses. Add lines 1 through 24e 848  2 40 608  6 All other expenses  for an ombined educational campaign and fundraising solicitation. Check here by Iff  |    |  |                    |                              |                                     |                          |
| 9 Other employee benefits   1  | ·  |  |                    |                              |                                     |                          |
| 10   | ٩  |  |                    |                              |                                     |                          |
|  |    |  |                    |                              |                                     |                          |
| a Management b Legal   |    | ·  |                    |                              |                                     |                          |
| b Legal  |    | ` ' ' '  |                    |                              |                                     |                          |
| c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  27 27 30 Office expenses 41 Information technology 41 Information technology 50 250 50 250 60 250 71 Travel 71 Travel 72 Payments of travel or entertainment expenses for any federal, state, or local public officials 91 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses, Itemize expenses on Ice 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Educational Video 70 70 70 5 Licenses & Permits 70 Interest 71 Incenses & Permits 72 Incenses & Permits 73 Incenses & Permits 74 Incenses & Permits 75 Incenses & Permits 76 Incenses & Permits 77 Incenses & Permits 78 Incenses & Permits 79 Interest 84 Other expenses. Add lines 1 through 24e - 848 240 608 00 10 Incenses & Permits Incensing and fundraising solicitation. Column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here bill in the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here bill in the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here bill in the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here bill in the organization column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here bill in the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here bill in the organization of the column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here bill in the column (B) joint costs from a combined educational campaign and fun | _  |  |                    |                              |                                     |                          |
| d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees  Giber, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  Advertising and promotion  27 27 27  30 30 30 30 31 30 31 30 31 31 31 31 31 31 31 31 31 31 31 31 31   |    |  |                    |                              |                                     |                          |
| e Professional fundraising services. See Part IV, line 17 f Investment management fees   |    |  |                    |                              |                                     |                          |
| f   Investment management fees   g   Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  |    | · · ·  |                    |                              |                                     |                          |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  27 27  28 dvertising and promotion  29 27 27  29 27  20 27  20 27  21 30 Office expenses  20 250  21 43 143  25 8 Royalties  25 25 250  25 0  25 0  27 27  28 27  29 27  20 27  20 27  20 27  21 27  22 27  23 27  24 27  25 27  26 28 28 28 28  27 27  28 28 28 28 28  29 25 0  20 25 0  20 25 0  20 25 0  21 7 Travel  29 25 0  20 25 0    | _  | - I  |                    |                              |                                     |                          |
| (A) amount, list line 11g expenses on Schedule O.)  12 Advertising and promotion   |    | - I  |                    |                              |                                     |                          |
| 27   27  | 9  |  |                    |                              |                                     |                          |
| 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 250 250 250 17 Travel 38 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2a Educational Video 5 Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if  | 12 |  | 27                 | 27                           |                                     |                          |
| 14   |    |  | 21                 | 21                           |                                     |                          |
| 15 Royalties   |    |  | 142                | 143                          |                                     |                          |
| 16 Occupancy   |    |  | 143                | 143                          |                                     |                          |
| 17 Travel  |    | •  | 250                |                              | 250                                 |                          |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Interest · · · · · · · · · · · · · · · · · · ·  |    | · · ·  | 250                |                              | 250                                 |                          |
| for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  |    | ŀ  |                    |                              |                                     |                          |
| 19 Conferences, conventions, and meetings 20 Interest  |    | •  |                    |                              |                                     |                          |
| 20 Interest  | 10 | · · · · · · · · · · · · · · · · · · ·  |                    |                              |                                     |                          |
| 21 Payments to affiliates  |    | · · · · · · · · · · · · · · · · · · ·  |                    |                              |                                     |                          |
| Depreciation, depletion, and amortization  |    | h  |                    |                              |                                     |                          |
| 23 Insurance   |    | , ,  |                    |                              |                                     |                          |
| Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Educational Video  b Licenses & Permits  C d  e All other expenses  Total functional expenses. Add lines 1 through 24e · · ·  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if  |    | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '  |                    |                              |                                     |                          |
| above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Educational Video 70 70  b Licenses & Permits 358  c d e All other expenses  Total functional expenses. Add lines 1 through 24e · · · 848  25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if  |    |  |                    |                              |                                     |                          |
| line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Educational Video  b Licenses & Permits  c d e All other expenses  25 Total functional expenses. Add lines 1 through 24e · · ·  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here     Interval   I |    | ·  |                    |                              |                                     |                          |
| (A) amount, list line 24e expenses on Schedule O.)  a Educational Video 70 70  b Licenses & Permits 358 358  c d   |    | ·  |                    |                              |                                     |                          |
| a Educational Video  b Licenses & Permits  c d e All other expenses  25 Total functional expenses. Add lines 1 through 24e · · · 848  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if   |    | ·  |                    |                              |                                     |                          |
| b Licenses & Permits  d All other expenses  Total functional expenses. Add lines 1 through 24e · · · 848  25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   | •  | ·  | 70                 | 70                           |                                     |                          |
| c d  |    |  |                    | 70                           | 350                                 |                          |
| d e All other expenses  25 Total functional expenses. Add lines 1 through 24e · · · 848 240 608 0  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  |    | TICHISES & PERMITS   | 358                |                              | 358                                 |                          |
| e All other expenses  25 Total functional expenses. Add lines 1 through 24e · · · 848 240 608 0  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if   |    |  |                    |                              |                                     |                          |
| 25 Total functional expenses. Add lines 1 through 24e · · · 848 240 608 0  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if   |    | All other eynenses   |                    |                              |                                     |                          |
| Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here     If   If   If   If   If   If   If   |    | · — —  | 040                | 240                          | 600                                 |                          |
| organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if   |    |  | 848                | 240                          | 808                                 | 0                        |
| from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if   |    | organization reported in column (B) joint costs  |                    |                              |                                     |                          |
|  |    | from a combined educational campaign and   |                    |                              |                                     |                          |
| 10110W110 50P 96-2 (A5C 936-720)   |    | fundraising solicitation. Check here   following SOP 98-2 (ASC 958-720)   following SO |                    |                              |                                     |                          |

Part X Balance Sheet

|                             |     | Check if Schedule O contains a response or note to any line in this Part X                 |                                 |          |   |
|-----------------------------|-----|--|---------------------------------|----------|---|
|                             |     |  | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year               |
|                             | 1   | Cash - non-interest-bearing  | 3 3 7                           | 1        | 73                                      |
|                             | 2   | Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·               |                                 | 2        | 1,959                                   |
|                             | 3   | Pledges and grants receivable, net   |                                 | 3        | , |
|                             | 4   | Accounts receivable, net   |                                 | 4        |   |
|                             | 5   | Loans and other receivables from any current or former officer, director,                  |                                 |          |   |
|                             |     | trustee, key employee, creator or founder, substantial contributor, or 35%                 |                                 |          |   |
|                             |     | controlled entity or family member of any of these persons · · · · · · · · · ·             |                                 | 5        |   |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined                    |                                 |          |   |
|                             |     | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) · · · · ·        |                                 | 6        |   |
| S                           | 7   | Notes and loans receivable, net  |                                 | 7        |   |
| Assets                      | 8   | Inventories for sale or use  |                                 | 8        |   |
| As                          | 9   | Prepaid expenses and deferred charges  |                                 | 9        |   |
|                             | 10a | Land, buildings, and equipment: cost or other  |                                 |          |   |
|                             |     | basis. Complete Part VI of Schedule D 10a  |                                 |          |   |
|                             | b   | Less: accumulated depreciation   |                                 | 10c      |   |
|                             | 11  | Investments - publicly traded securities   |                                 | 11       |   |
|                             | 12  | Investments - other securities. See Part IV, line 11                                       |                                 | 12       |   |
|                             | 13  | Investments - program-related. See Part IV, line 11  |                                 | 13       |   |
|                             | 14  | Intangible assets · · · · · · · · · · · · · · · · · · ·                                    |                                 | 14       |   |
|                             | 15  | Other assets. See Part IV, line 11   |                                 | 15       | 2,700                                   |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 33)                                  | 0                               | 16       | 4,732                                   |
|                             | 17  | Accounts payable and accrued expenses  |                                 | 17       | 1,505                                   |
|                             | 18  | Grants payable · · · · · · · · · · · · · · · · · · ·                                       |                                 | 18       |   |
|                             | 19  | Deferred revenue   |                                 | 19       |   |
|                             | 20  | Tax-exempt bond liabilities  |                                 | 20       |   |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D                      |                                 | 21       |   |
| Liabilities                 | 22  | Loans and other payables to any current or former officer, director,                       |                                 |          |   |
| oilit                       |     | trustee, key employee, creator or founder, substantial contributor, or 35%                 |                                 |          |   |
| Lia                         |     | controlled entity or family member of any of these persons                                 |                                 | 22       |   |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties                             |                                 | 23       |   |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties                               |                                 | 24       |   |
|                             | 25  | Other liabilities (including federal income tax, payables to related third                 |                                 |          |   |
|                             |     | parties, and other liabilities not included on lines 17-24). Complete Part X               |                                 | 25       |   |
|                             | 20  | of Schedule D  |                                 | 25<br>26 | 1 505                                   |
|                             | 26  | Total liabilities. Add lines 17 through 25   | 0                               | 26       | 1,505                                   |
| S                           |     | Organizations that follow FASB ASC 958, check here  and complete lines 27, 28, 32, and 33. |                                 |          |   |
| nce                         | 27  | Net assets without donor restrictions  |                                 | 27       | 2 007                                   |
| ala                         | 28  | Net assets with donor restrictions   |                                 | 28       | 3,227                                   |
| d B                         | 20  | Organizations that do not follow FASB ASC 958, check here                                  |                                 | 20       |   |
| ū.                          |     | and complete lines 29 through 33.  |                                 |          |   |
| or F                        | 29  | Capital stock or trust principal, or current funds   |                                 | 29       |   |
| ts (                        | 30  | Paid-in or capital surplus, or land, building, or equipment fund                           |                                 | 30       |   |
| SSe                         | 31  | Retained earnings, endowment, accumulated income, or other funds                           |                                 | 31       |   |
| Net Assets or Fund Balances | 32  | Total net assets or fund balances  | 0                               | 32       | 3,227                                   |
| Ne                          | 33  | Total liabilities and net assets/fund balances   | 0                               | 33       | 4,732                                   |
|                             |     | Total nationals and not dood of and balances   | U                               | -        | 4,132                                   |

| Form | n 990 (2019) 4Gold Service and Rescue   | 84-224669 | 95 | Pa  | age <b>12</b> |  |  |
|------|---|-----------|----|-----|---------------|--|--|
| Pa   | rt XI Reconciliation of Net Assets  |           |    |     |               |  |  |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                     |           |    |     | <u> - 🗌</u>   |  |  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | . 1       |    | 4,  | 075           |  |  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | . 2       |    |     | 848           |  |  |
| 3    | 3 Revenue less expenses. Subtract line 2 from line 1  |           |    |     |               |  |  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       | . 4       |    |     |               |  |  |
| 5    | Net unrealized gains (losses) on investments  | - 5       |    |     |               |  |  |
| 6    | Donated services and use of facilities  | - 6       |    |     |               |  |  |
| 7    | Investment expenses   | . 7       |    |     |               |  |  |
| 8    | Prior period adjustments  | . 8       |    |     |               |  |  |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  | . 9       |    |     | 0             |  |  |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                  |           |    |     |               |  |  |
|      | 32, column (B))   | - 10      |    | 3,  | 227           |  |  |
| Pa   | rt XII Financial Statements and Reporting   |           |    |     |               |  |  |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                    |           |    |     | - 🗌           |  |  |
|      |   |           |    | Yes | No            |  |  |
| 1    | Accounting method used to prepare the Form 990:   Cash X Accrual Other  |           |    |     |               |  |  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in           |           |    |     |               |  |  |
|      | Schedule O.   |           |    |     |               |  |  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                 |           | 2a |     | х             |  |  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or          |           |    |     |               |  |  |
|      | reviewed on a separate basis, consolidated basis, or both:  |           |    |     |               |  |  |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |           |    |     |               |  |  |
| b    | Were the organization's financial statements audited by an independent accountant?                              |           | 2b |     | х             |  |  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a         |           |    |     |               |  |  |
|      | separate basis, consolidated basis, or both:  |           |    |     |               |  |  |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |           |    |     |               |  |  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of  |           |    |     |               |  |  |
|      | the audit, review, or compilation of its financial statements and selection of an independent accountant?       |           | 2c |     |               |  |  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on   |           |    |     |               |  |  |
|      | Schedule O.   |           |    |     |               |  |  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the |           |    |     |               |  |  |
|      | Single Audit Act and OMB Circular A-133?  |           | 3a |     | х             |  |  |
| b    | of "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the    |           |    |     |               |  |  |

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

#### **SCHEDULE A**

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2019

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization Employer identification number 4Gold Service and Rescue 84-2246695 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

Total

#### 90 or 990-EZ) 2019 4Gold Service and Rescue Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se         | ction A. Public Support   |                 |                  |                   |                 |  |               |
|------------|---|-----------------|------------------|-------------------|-----------------|--|---------------|
| Cal        | endar year (or fiscal year beginning in) ▶  | (a) 2015        | <b>(b)</b> 2016  | (c) 2017          | (d) 2018        | (e) 2019   | (f) Total     |
| 1          | Gifts, grants, contributions, and membership fees   |                 |                  |                   |                 |  |               |
|            | received. (Do not include any "unusual grants.")  |                 |                  |                   |                 | 4,075  | 4,075         |
| 2          | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  |                 |                  |                   |                 | 3,010  |               |
| 3          | Gross receipts from activities that are not an  |                 | 1                |                   |                 |  |               |
| Ū          | unrelated trade or business under section 513 -   |                 |                  |                   |                 |  |               |
| 4          | Tax revenues levied for the   |                 | 1                |                   |                 |  |               |
| •          | organization's benefit and either paid to   |                 |                  |                   |                 |  |               |
|            | or expended on its behalf   |                 |                  |                   |                 |  |               |
| 5          | The value of services or facilities   |                 |                  |                   |                 |  |               |
| 3          | furnished by a governmental unit to the   |                 |                  |                   |                 |  |               |
|            | organization without charge   |                 |                  |                   |                 |  |               |
| 6          | <b>Total.</b> Add lines 1 through 5   |                 |                  |                   |                 | 4 075  | 4 075         |
|            | Amounts included on lines 1, 2, and 3   |                 |                  |                   |                 | 4,075  | 4,075         |
| <i>1</i> a | received from disqualified persons  |                 |                  |                   |                 |  |               |
| h          | Amounts included on lines 2 and 3   |                 |                  |                   |                 |  |               |
| D          | received from other than disqualified   |                 |                  |                   |                 |  |               |
|            | persons that exceed the greater of \$5,000  |                 |                  |                   |                 |  |               |
|            | or 1% of the amount on line 13 for the year   |                 |                  |                   |                 |  |               |
| _          | Add lines 7a and 7b   |                 |                  |                   |                 |  |               |
| 8          | Public support. (Subtract line 7c from  |                 |                  |                   |                 |  |               |
| U          | line 6.)  |                 |                  |                   |                 |  | 4 000         |
| 500        | ction B. Total Support  |                 |                  |                   |                 |  | 4,075         |
|            | endar year (or fiscal year beginning in) ►  | (a) 2015        | <b>(b)</b> 2016  | (c) 2017          | (d) 2018        | <b>(e)</b> 2019                                    | (f) Total     |
|            | Amounts from line 6   | (a) 2010        | (6) 2010         | (0) 2017          | (u) 2010        | <del>  ''                                   </del> |               |
|            | Gross income from interest, dividends,  |                 |                  |                   |                 | 4,075  | 4,075         |
| IVa        |   |                 |                  |                   |                 |  |               |
|            | payments received on securities loans, rents, royalties, and income from similar sources  |                 |                  |                   |                 |  |               |
| h          | royalties, and income from similar sources  Unrelated business taxable income (less   |                 |                  |                   |                 |  |               |
| D          | section 511 taxes) from businesses  |                 |                  |                   |                 |  |               |
|            | acquired after June 30, 1975  |                 |                  |                   |                 |  |               |
| _          | Add lines 10a and 10b   |                 |                  |                   |                 |  |               |
|            | Net income from unrelated business  |                 |                  |                   |                 |  |               |
| 11         |   |                 |                  |                   |                 |  |               |
|            | activities not included in line 10b, whether  |                 |                  |                   |                 |  |               |
| 12         | or not the business is regularly carried on   |                 |                  |                   |                 |  |               |
| 14         | Other income. Do not include gain or loss from the sale of capital assets   |                 |                  |                   |                 |  |               |
|            | (Explain in Part VI.)   |                 |                  |                   |                 |  |               |
| 12         | Total support. (Add lines 9, 10c, 11,   |                 |                  | -                 |                 |  |               |
| 13         | and 12.)  |                 |                  |                   |                 |  | 4 000         |
| 11         | First five years. If the Form 990 is for the org  | (               |                  | t fourth or fifth |                 | 4,075  | 4,075         |
| 14         | organization, check this box and <b>stop here</b>   |                 |                  |                   |                 |  | _             |
| 500        | ction C. Computation of Public Suppo  |                 |                  | <del></del>       |                 |  | ► <u>x</u>    |
| 15         | Public support percentage for 2019 (line 8, c   |                 |                  | column (f))       |                 | 15   | %             |
| 16         | Public support percentage from 2018 Sched   |                 |                  |                   |                 | 16   |               |
|            | ction D. Computation of Investment In   |                 |                  |                   |                 | 10   |               |
|            |   |                 |                  | o 13 column /     | (f))            | 17   | %             |
| 17<br>19   | Investment income percentage for 2019 (line   |                 | •                |                   |                 | 18   | %<br>%        |
| 18         | Investment income percentage from 2018 Sc   |                 |                  |                   |                 |  |               |
| 139        | 33 1/3% support tests - 2019. If the organiza   |                 |                  |                   |                 |  |               |
| <b>L</b>   | 17 is not more than 33 1/3%, check this box a   | -               | _                |                   |                 | _  | _             |
| Ŋ          | <b>33 1/3% support tests - 2018.</b> If the organizatine 18 is not more than 33 1/3%, check this because the state of the state |                 |                  |                   |                 |  |               |
| 20         | <b>Private foundation.</b> If the organization did no   | -               | -                | -                 |                 |  |               |
| 20         | riivate iouniuation. Ii the organization did no   | or orient a nox | . On mie 14, 198 | i, oi 130, cilect | viila bux and S | 66 111911 (1011011)                                | · · · · · 🗲 📙 |

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

Open To Public Inspection

Employer identification number Name of the organization 84-2246695 4Gold Service and Rescue Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3) Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written from the principal amount with organization by board or agreement? loan organization? committee? Yes Yes No No Yes No (1) (2) (3) (4) (5) Total Part III **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (2) (3) (4)

|                        |                     | <b>/ing interested Persons.</b><br>Iswered "Yes" on Form 99     |                           | 28b, or 28c.                   |                             |         |
|------------------------|---------------------|---|---------------------------|--------------------------------|-----------------------------|---------|
| (a) Name of interested |                     | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha<br>organiz<br>reven | ation's |
|                        |                     |   |                           |                                | Yes                         | No      |
|                        |                     | Owner is the  |                           | Golden Hills Grove sold        |                             |         |
| (1) Golden Hills Gro   | ove                 | Treasurer of 4Gold  | 1,500                     | 1 puppy to 4Gold               |                             | х       |
| (2)                    |                     |   |                           |                                |                             |         |
| (3)                    |                     |   |                           |                                |                             |         |
| (4)                    |                     |   |                           |                                |                             |         |
| (5)                    |                     |   |                           |                                |                             |         |
|                        | al Information.     | ur roonanaaa ta guaatiana                                       | an Cabadula I (aaa        | inatructions)                  |                             |         |
| Provide additi         | onal information ic | or responses to questions                                       | on Schedule L (see        | instructions).                 |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |
|                        |                     |   |                           |                                |                             |         |

EEA Schedule L (Form 990 or 990-EZ) 2019

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 4Gold Service and Rescue 84-2246695

| 01. Officer, directors, etc. family relationship (Part VI, line 2)                         |
|--|
| All officers are related family members. The Treasurer, Tamara Forsyth, also owns Golden   |
| Hills Grove, which supplies the puppies acquired for the Service Dog Training program.     |
| One puppy was donated, and one puppy was purchased. Tamara Forsyth, Treasurer, owns NuDay, |
| Inc, which is the accounting firm that has prepared this tax return.                       |
|  |
| 02. Form 990 governing body review (Part VI, line 11)                                      |
| All officers are related family members. Tamara Forsyth, the Treasurer, also owns Golden   |
| Hills Grove, which supplies puppies for the Service Dog training program. One puppy was    |
| purchased, and one puppy was donated.  |
|  |
| 03. Conflict of interest policy compliance (Part VI, line 12c)                             |
| All directors have submitted Conflict of Interest Forms indicating their relationships to  |
| each other as well as any business relationships with 4Gold Service and Rescue.            |
|  |
| 04. Form 990 availability to public (Part VI, line 18)                                     |
| Our form 990 will be available through Guidestar.org or upon request.                      |
|  |
| 05. Governing documents, etc, available to public (Part VI, line 19)                       |
| Governing documents are available upon request.  |
|  |
| 06. Significant program services not listed on prior year return (Part III, line 2)        |
| Since this is our first years in business all of our services are new. Our key focus this  |
| first year is to train and donate two diabetes detection dogs.                             |
|  |

#### 8879-EO

#### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 09-01-2019, and ending 12-31-2019

Do not send to the IRS. Keep for your records.

2019

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization Employer identification number 4Gold Service and Rescue 84-2246695 Name and title of officer EmmaLee Pyle, Board Chair Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here 🕨 🗓 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) **b** Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . . . 4b **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize NUDAY, INC to enter my PIN as my signature 62765 ERO firm name Enter five numbers, but do not enter all zero on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date ▶ 05-11-2020 Officer's signature Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 873654 62765 Do not enter all zeros

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

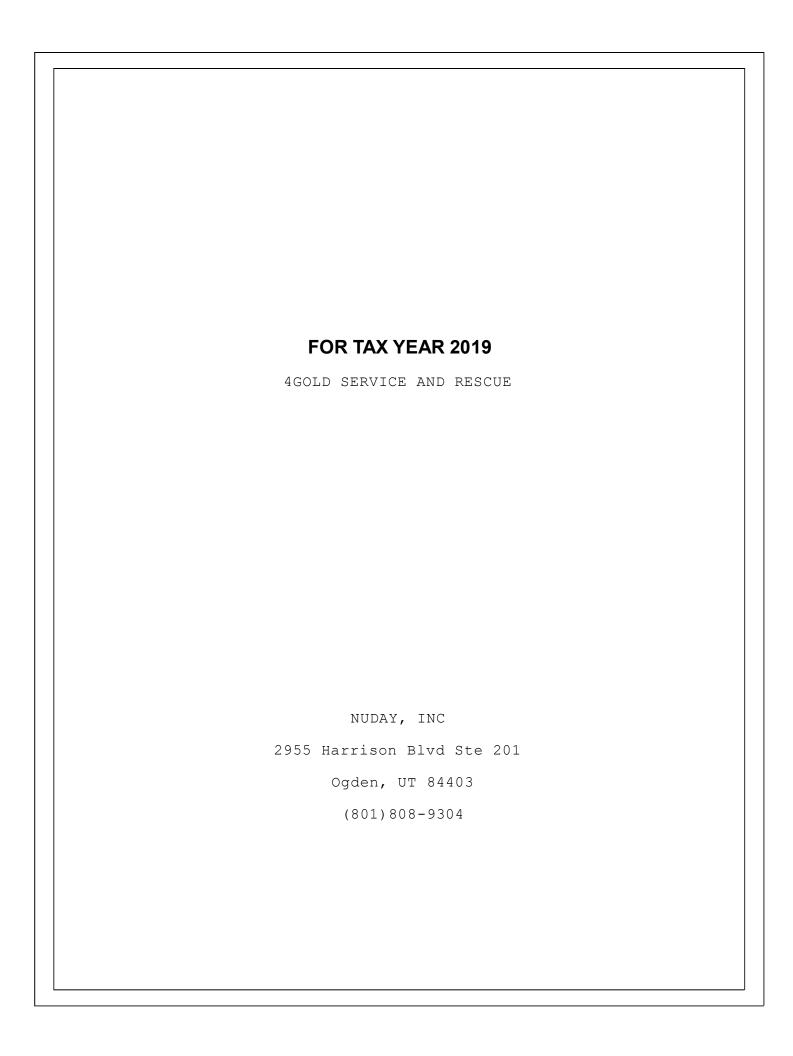
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF)

▶ Tamara Forsyth

Information for Authorized IRS e-file Providers for Business Returns.

Date > 05-13-2020

ERO's signature



#### 2019 Filing Instructions 4Gold Service and Rescue Tax year ending 12-31-2019

#### Form filed:

Form 990 and supplemental forms and schedules

#### Filing method:

The return will be e-filed once the signed and dated Form 8879-E0 has been received by this office. Do not mail the return to the IRS.

#### Due date:

07-15-2020

The return reflects neither a refund nor a balance due.

2955 Harrison Blvd Ste 201 Ogden, UT 84403 tlforsyth@nudayinc.com Phone: (801)808-9304 | Fax:

May 13, 2020

4Gold Service and Rescue 4544 N Highway 38, STE B Brigham City, UT 84302

Subject: Preparation of 2019 Tax Returns

4Gold Service and Rescue:

Thank you for choosing NUDAY, INC to assist with the 2019 taxes for 4Gold Service and Rescue. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2019 federal and state income tax returns for 4Gold Service and Rescue. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of 4Gold Service and Rescue, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2019 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (801)808-9304.

| Sincerely,                   |   |  |
|------------------------------|---|--|
| Tamara Forsyth<br>NUDAY, INC |   |  |
| Accepted By:                 |   |  |
| Officer                      | - |  |
| Date                         | - |  |
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2955 Harrison Blvd Ste 201 Ogden, UT 84403 tlforsyth@nudayinc.com Phone: (801)808-9304 | Fax:

May 13, 2020

4Gold Service and Rescue 4544 N Highway 38, STE B Brigham City, UT 84302

4Gold Service and Rescue:

Enclosed is the 2019 federal return for a tax-exempt organization, prepared for 4Gold Service and Rescue from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (801)808-9304.

Sincerely,

Tamara Forsyth NUDAY, INC

2955 Harrison Blvd Ste 201 Ogden, UT 84403 tlforsyth@nudayinc.com Phone: (801)808-9304 | Fax:

May 13, 2020

4Gold Service and Rescue 4544 N Highway 38, STE B Brigham City, UT 84302

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (801)808-9304.

Sincerely,

Tamara Forsyth NUDAY, INC

2955 Harrison Blvd Ste 201 Ogden, UT 84403 tlforsyth@nudayinc.com Phone: (801)808-9304 | Fax:

| Customer Name            | Customer Information |                                 |  |
|--------------------------|----------------------|---------------------------------|--|
| 4Gold Service and Rescue | Invoice #:           |                                 |  |
| 4544 N Highway 38, STE B | Date:                | May 13, 2020                    |  |
| Brigham City, UT 84302   | Phone:               | (385)212-4357                   |  |
|                          | E-mail:              | 4goldserviceandrescue@gmail.com |  |

#### Your 2019 tax return was prepared by Tamara Forsyth.

| Description                     |   | Fee |
|---------------------------------|---|-----|
| <b>Federal And Supplemental</b> | Forms   |     |
| Form 990                        | Return of Org Exempt from Income Tax, page 1    |     |
| Form 990 pg 2                   | Return of Org Exempt from Income Tax, page 2    |     |
| Form 990 pg 3                   | Return of Org Exempt from Income Tax, page 3    |     |
| Form 990 pg 4                   | Return of Org Exempt from Income Tax, page 4    |     |
| Form 990 pg 5                   | Return of Org Exempt from Income Tax, page 5    |     |
| Form 990 pg 6                   | Return of Org Exempt from Income Tax, page 6    |     |
| Form 990 pg 7                   | Return of Org Exempt from Income Tax, page 7    |     |
| Form 990 pg 8                   | Return of Org Exempt from Income Tax, page 8    |     |
| Form 990 pg 9                   | Return of Org Exempt from Income Tax, page 9    |     |
| Form 990 pg 10                  | Return of Org Exempt from Income Tax, page 10   |     |
| Form 990 pg 11                  | Return of Org Exempt from Income Tax, page 11   |     |
| Form 990 pg 12                  | Return of Org Exempt from Income Tax, page 12   |     |
| Schedule A                      | Organization Exempt Under Sec 501(c)(3), page 1 |     |
| Schedule A pg 2                 | Organization Exempt Under Sec 501(c)(3), page 2 |     |
| Schedule A pg 3                 | Organization Exempt Under Sec 501(c)(3), page 3 |     |
| Schedule A pg 4                 | Organization Exempt Under Sec 501(c)(3), page 4 |     |
| Schedule A pg 5                 | Organization Exempt Under Sec 501(c)(3), page 5 |     |
| Schedule A pg 6                 | Organization Exempt Under Sec 501(c)(3), page 6 |     |
| Schedule A pg 7                 | Organization Exempt Under Sec 501(c)(3), page 7 |     |
| Schedule A pg 8                 | Organization Exempt Under Sec 501(c)(3), page 8 |     |
| Schedule D                      | Supplemental Financial Statement, page 1        |     |
| Schedule D pg 2                 | Supplemental Financial Statement, page 2        |     |
| Schedule D pg 3                 | Supplemental Financial Statement, page 3        |     |
| Schedule D pg 4                 | Supplemental Financial Statement, page 4        |     |
| Schedule G                      | Fundraising and Gaming Activities, page 1       |     |
| Schedule G pg 2                 | Fundraising and Gaming Activities, page 2       |     |
| Schedule L                      | Transactions with Interested Persons, page 1    |     |
| Schedule L pg 2                 | Transactions with Interested Persons, page 2    |     |
| Schedule O                      | Supplemental Information, page 1                |     |
| Form 8879EO                     | E-file Signature Auth for an Exempt Org         |     |

| <b>Total Forms</b> | 30 Forms Subtotal |                          | 175.00 |
|--------------------|-------------------|--------------------------|--------|
|                    |                   | <b>Total Balance Due</b> | 175.00 |

| Payment due upon receipt. Thank you for your business! |  |  |  |  |  |
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# 990 Tax Exempt Diagnostic Summary Name 4Gold Service and Rescue Employer Identification # 84-2246695

**Demographics** 

Mailing Address: Phone: (385) 212-4357

4544 N Highway 38 #B Brigham City, UT 84302

Resident State: UT

**Diagnostics** 

Preparer: Tamara Forsyth Invoice: Date: 05-13-2020

#### **Return Information**

| Many on Between      | 2019    | 2018 Federal   |
|----------------------|---------|----------------|
| Item on Return       | Federal | (If available) |
| Total Revenue        | 4,075   |                |
| Total Expenses       | 848     |                |
| Net Excess (Deficit) | 3,227   |                |
| Net Assets or Fund   |         |                |
| Balances             | 3,227   |                |

#### State/City Information

| State/City | <u>Taxable</u> | <u>Total</u> | Change Fund | <u>UBIT</u> | <u>Total</u> | Refund/       |
|------------|----------------|--------------|-------------|-------------|--------------|---------------|
|            | Revenue        | Expenses     | Balance     |             | <u>Tax</u>   | (Balance Due) |